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|--|---|---|----------------------------------|--------------------------------|---------------|
| SOLICITATION, OFFER AND AWARD | | 1. THIS CONTRACT IS A RATED ORDER UNDER DPAS (15 CFR 700) | | RATING | PAGE OF PAGES |
| 2. CONTRACT NUMBER | 3. SOLICITATION NUMBER DTFAWA-09-R-04511 | 4. TYPE OF SOLICITATION <input type="checkbox"/> SEALED BID (IFB) <input checked="" type="checkbox"/> NEGOTIATED (RFP) | 5. DATE ISSUED 06/16/2009 | 6. REQUISITION/PURCHASE NUMBER | |
| 7. ISSUED BY FAA AJA 800 Independence Avenue, SW Washington, DC 20591 | | 8. ADDRESS OFFER TO (If other than Item 7) Federal Aviation Administration, AJA-482, Attn: Rodney Magee, 800 Independence, SW Washington, DC 20591 | | | |

NOTE: In sealed bid solicitations "offer" and "offeror" mean "bid" and "bidder".

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| SOLICITATION | |
| 9. Sealed offers in original and <u>3</u> copies for furnishing the supplies or services in the Schedule will be received at the place specified in Item 8, or if handcarried, in the depository located in <u>Room 400</u> until <u>2pm</u> local time <u>07/01/2009</u> <small>(Hour) (Date)</small> | |
| CAUTION - LATE Submissions, Modifications, and Withdrawals: See Section L, Provision No. 52.214-7 or 52.215-1. All offers are subject to all terms and conditions contained in this solicitation. | |

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|---------------------------|---------|---------------------------------|--------|-------------------|
| 10. FOR INFORMATION CALL: | A. NAME | B. TELEPHONE (NO COLLECT CALLS) | | C. E-MAIL ADDRESS |
| | | AREA CODE | NUMBER | EXT. |

| 11. TABLE OF CONTENTS | | | | | | | |
|-----------------------|------|---------------------------------------|---------|--|------|--|---------|
| (X) | SEC. | DESCRIPTION | PAGE(S) | (X) | SEC. | DESCRIPTION | PAGE(S) |
| PART I - THE SCHEDULE | | | | PART II - CONTRACT CLAUSES | | | |
| | A | SOLICITATION/CONTRACT FORM | | | I | CONTRACT CLAUSES | |
| | B | SUPPLIES OR SERVICES AND PRICES/COSTS | | PART III - LIST OF DOCUMENTS, EXHIBITS AND OTHER ATTACH. | | | |
| | C | DESCRIPTION/SPECS./WORK STATEMENT | | | J | LIST OF ATTACHMENTS | |
| | D | PACKAGING AND MARKING | | PART IV - REPRESENTATIONS AND INSTRUCTIONS | | | |
| | E | INSPECTION AND ACCEPTANCE | | | K | REPRESENTATIONS, CERTIFICATIONS AND OTHER STATEMENTS OF OFFERORS | |
| | F | DELIVERIES OR PERFORMANCE | | | | | |
| | G | CONTRACT ADMINISTRATION DATA | | | L | INSTRS., CONDS., AND NOTICES TO OFFERORS | |
| | H | SPECIAL CONTRACT REQUIREMENTS | | | M | EVALUATION FACTORS FOR AWARD | |

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| OFFER (Must be fully completed by offeror) | | | | |
| NOTE: Item 12 does not apply if the solicitation includes the provisions at 52.214-16, Minimum Bid Acceptance Period. | | | | |
| 12. In compliance with the above, the undersigned agrees, if this offer is accepted within _____ calendar days (60 calendar days unless a different period is inserted by the offeror) from the date for receipt of offers specified above, to furnish any or all items upon which prices are offered at the price set opposite each item, delivered at the designated point(s), within the time specified in the schedule. | | | | |

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|--|--------|--|---|----------------------|-------------------|
| 13. DISCOUNT FOR PROMPT PAYMENT <small>(See Section I, Clause No. 52.232-8)</small> | | 10 CALENDAR DAYS (%) | 20 CALENDAR DAYS (%) | 30 CALENDAR DAYS (%) | CALENDAR DAYS (%) |
| 14. ACKNOWLEDGMENT OF AMENDMENTS <small>(The offeror acknowledges receipt of amendments to the SOLICITATION for offerors and related documents numbered and dated):</small> | | AMENDMENT NO. | DATE | AMENDMENT NO. | DATE |
| | | | | | |
| 15A. NAME AND ADDRESS OF OFFEROR | CODE | FACILITY | 16. NAME AND TITLE OF PERSON AUTHORIZED TO SIGN OFFER <small>(Type or print)</small> | | |
| | | | | | |
| 15B. TELEPHONE NUMBER | | 15C. CHECK IF REMITTANCE ADDRESS IS DIFFERENT FROM ABOVE - ENTER SUCH ADDRESS IN SCHEDULE. | | 17. SIGNATURE | 18. OFFER DATE |
| AREA CODE | NUMBER | | | | |

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| AWARD (To be completed by Government) | | | | | |
| 19. ACCEPTED AS TO ITEMS NUMBERED | | 20. AMOUNT | | 21. ACCOUNTING AND APPROPRIATION | |
| 22. AUTHORITY FOR USING OTHER THAN FULL AND OPEN COMPETITION: <input type="checkbox"/> 10 U.S.C. 2304(c)) <input type="checkbox"/> 41 U.S.C. 253(c) () | | | 23. SUBMIT INVOICES TO ADDRESS SHOWN IN (4 copies unless otherwise specified) | | |
| 24. ADMINISTERED BY (If other than Item 7) | | | 25. PAYMENT WILL BE MADE BY | | |
| 26. NAME OF CONTRACTING OFFICER (Type or print) | | | 27. UNITED STATES OF AMERICA <small>(Signature of Contracting Officer)</small> | | |
| | | | 28. AWARD DATE | | |

IMPORTANT - Award will be made on this Form, or on Standard Form 26, or by other authorized official written notice.